

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/462761		FILING DATE	
						APPLICANT(S)			
CLAIMS						*		*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1					51			
2	1					52			
3	2					53			
4	1					54			
5	2					55			
6	1					56			
7	1					57			
8	1					58			
9	1					59			
10	1					60			
11	1					61			
12		1				62			
13			1			63			
14			1			64			
15			1			65			
16			1			66			
17			1			67			
18			4			68			
19			1			69			
20			1			70			
21			1			71			
22			1			72			
23			1			73			
24			1			74			
25			3			75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			2			TOTAL IND.			
TOTAL DEP.			17			TOTAL DEP.			
TOTAL CLAIMS			19			TOTAL CLAIMS			